## 46004-05

## RULE 63 (37 C.F.R. 1.63) DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and offizenship are as stated below next to my name, and I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

		ME	MORY WRITING DEVICE	FOR AN ELECTRONIC I	DEVICE				
the	specification of which (c	heck applicable box	K(S)):						
X	is attached hereto								
Ш	was filed on		as U.S. Application Set	ral No. (To Be Assigned	)	(Atty	Dkt. No.	2018- ).	
$\sqcup$	was filed as PCT inter			on					
a n d (if applicable to U.S. or PCT application) was amended on									
ame 37 ( belo	endment referred to about C.F.R. 1.56. I hereby cla w and have also identifi	ve. I acknowledge to som foreign pnonty be sed below any foreign	and the contents of the above the duty to disclose informate enefits under 35 U.S.C. 119 in application for patent or in- fore the filing date of this ap	ion which is material to the 1/365 of any foreign application of any foreign application of a contract of the	e patentability	of this application	in accord	listed	
Prio	r Foreign Application(s)						Priority (	laimed	
App	lication Number		Co	untry	Day/N	Month/Year Filed	Yes	No	
08-2	250167 254592 267165		Ja	pan pan pan		September/1996 Septemeber/1996 8/October/1996	x x x		
(1)	:07105		Ja	pan		6/Octobe//1996	*		
Ent.									
App	reby claim the benefit un lication Number	ider 35 U.S.C. §119	(e) of any United States pro Filing	visional application(s) list g Date	ed below.				
Tipereby claim the benefit under 35 U.S.C. 120/365 of all pnor United States and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such pnor applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose maternal information as defined in 37 C.F.R. 1.56 which occurred between the filling date of the pnor applications and the national or PCT international filling date of this applications.									
Prio	ior U.S./PCT Application(s):  Day/Month/Year Filed						Status: patented, pending, abandoned		
141									
fijipissomment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby spoom tMXON & VANDERNYE P.C., 1100 North Glebe Rd., 8th Floor, Artiflagon, VA 22201-4974, (slephone number (703) 818-4000 (to whom all communications are to be directed), and the following stomers thereof (of the same address) individually and collectively my attorneys thereof to the application and to transact all business in the Patent and Trademark Office address) individually and collectively my attorneys there is application and to transact all business in the Patent and Trademark Office address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office and States and Trademark Office and									
1.	Inventor's Signature:	Yuliari	I Torod	2	Date:	August 2	8 /	997	
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2.	Inventor's Signature:	Yoshihiro	kawase		Date:	August , 2:	8 , 10	197	
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3.	Inventor's Signature.	Yoshiak	i Kida		Date:	September,	1,1	997	
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	(Zip Code) 448								
	• • • •								
FOR	ADDITIONAL INVENTO	JRS, check box	x and attach sheet with	same information and:	signature an	d date for each.			

4. Inventor's Signature: Inventor ISHIDA Japan (first) (last) (citizenship) Residence: (city) Okazaki-city (state/country) Japan Post Office Address: c/o DENSO CORPORATION, 1-1 Showa-cho, Kariya-city, Aichi-pref., Japan (Zip Code) Inventor's Signature: MI (last) (citizenship) Residence: (city) (state/country) Post Office Address: (Zip Code) Inventor's Signature: Inventor: MI (last) (citizenship) (2) Residence; (city) (state/country) Te: Post Office Address: (Zip Code) U Inventor's Signature: (first) М (last) (citizenship) Residence: (city) (state/country) Post Office Address: E 5 100 8 (Zip Code) \_\_\_\_\_ Date: \_\_\_\_\_ Inventor's Signature: Inventor: (first) MI (last) (citizenship) (state/country) Residence: (city) Post Office Address: (Zip Code) Inventor's Signature: Inventor: (first) MI (last) (citizenship) Residence: (city) (state/country) Post Office Address: (Zip Code) 10. Inventor's Signature: Date: Inventor: (first) MI (last) (citizenship) Residence: (city) (state/country) Post Office Address:

FOR ADDITIONAL INVENTORS, check box and attach sheet with same information and signature and date for each.